

**COMMONWEALTH OF KENTUCKY
2009 RATES**

Non-Smoker Contributions

Non-Smokers	Standard Plan			Capitol Choice Plan		
	Monthly Premium	Employer Amount	Employee Amount	Monthly Premium	Employer Amount	Employee Amount
Single	\$446.24	\$446.24	\$0.00	\$545.08	\$545.08	\$0.00
Parent Plus	\$690.00	\$625.28	\$64.72	\$826.38	\$692.24	\$134.14
Couple	\$1,044.48	\$739.10	\$305.38	\$1,249.74	\$828.78	\$420.96
Family	\$1,162.16	\$785.44	\$376.72	\$1,383.52	\$885.08	\$498.44
Cross Reference	\$581.08	\$581.08	\$0.00	\$691.76	\$679.56	\$12.20

Non-Smokers	Optimum PPO Plan			Maximum Choice Plan		
	Monthly Premium	Employer Amount	Employee Amount	Monthly Premium	Employer Amount	Employee Amount
Single	\$566.20	\$541.20	\$25.00	\$527.92	\$527.92	\$0.00
Parent Plus	\$821.46	\$654.14	\$167.32	\$784.46	\$681.28	\$103.18
Couple	\$1,265.10	\$820.06	\$445.04	\$1,090.62	\$773.40	\$317.22
Family	\$1,407.32	\$875.40	\$531.92	\$1,242.92	\$863.48	\$379.44
Cross Reference	\$703.66	\$676.80	\$26.86	\$621.46	\$612.30	\$9.16

Smoker Contributions

Smokers	Standard Plan			Capitol Choice Plan		
	Monthly Premium	Employer Amount	Employee Amount	Monthly Premium	Employer Amount	Employee Amount
Single	\$446.24	\$425.24	\$21.00	\$545.08	\$524.08	\$21.00
Parent Plus	\$690.00	\$583.28	\$106.72	\$826.38	\$650.24	\$176.14
Couple	\$1,044.48	\$697.10	\$347.38	\$1,249.74	\$786.78	\$462.96
Family	\$1,162.16	\$743.44	\$418.72	\$1,383.52	\$843.08	\$540.44
Cross Reference	\$581.08	\$560.08	\$21.00	\$691.76	\$658.56	\$33.20

Smokers	Optimum PPO Plan			Maximum Choice Plan		
	Monthly Premium	Employer Amount	Employee Amount	Monthly Premium	Employer Amount	Employee Amount
Single	\$566.20	\$520.20	\$46.00	\$527.92	\$506.92	\$21.00
Parent Plus	\$821.46	\$612.14	\$209.32	\$784.46	\$639.28	\$145.18
Couple	\$1,265.10	\$778.06	\$487.04	\$1,090.62	\$731.40	\$359.22
Family	\$1,407.32	\$833.40	\$573.92	\$1,242.92	\$821.48	\$421.44
Cross Reference	\$703.66	\$655.80	\$47.86	\$621.46	\$591.30	\$30.16

